OMB Number: 4040-0004
Expiration Date: 12/31/2019

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 05/10/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: New York State Department of Health

* b. Employer/Taxpayer Identification Number (EIN/TIN): 14-6013200

* c. Organizational DUNS: 8067813400000

d. Address:

* Street1: Empire State Plaza
Street2: Corning Tower, Room 1110
* City: Albany
County/Parish:
* State: NY: New York
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 12237-0001

e. Organizational Unit:

Department Name: NYS Department of Health

Division Name: Environmental Health Protect.

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.
* First Name: Lori
Middle Name:
* Last Name: Ahmed
Suffix:

Title: Health Program Administrator 2

Organizational Affiliation: Bureau of Water Supply Protection

* Telephone Number: 518-402-7707
Fax Number:

* Email: lori.ahmed@health.ny.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.468

CFDA Title:

Capitalization Grants for Drinking Water State Revolving Funds

*** 12. Funding Opportunity Number:**

EPA-CEP-01

* Title:

EPA Mandatory Grant Programs

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

To capitalize the Drinking Water State Revolving Fund in New York State

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: NY-All

* b. Program/Project: NY- Al

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2017

* b. End Date: 09/30/2024

18. Estimated Funding ($):

* a. Federal	48,000,000.00
* b. Applicant	9,600,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	57,600,000.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/14/2018.

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr.

* First Name: Andrew

Middle Name:

* Last Name: Ruby

Suffix:

* Title: Deputy Director, Fiscal Management Group

* Telephone Number: 518-474-1208

Fax Number:

* Email: andrew.ruby@health.ny.gov

* Signature of Authorized Representative: Kristine M Sergott

* Date Signed: 05/10/2018